Introduction

Vertebral axial decompression is a type of traction for the low back. The idea is to stretch the spine. This stretching is intended to create more space between the bones of the spine (the vertebrae) to relieve pressure on damaged discs. The goal is to relieve low back pain caused by damaged discs or other problems with the vertebrae or tissues. This service is investigational. There are not enough high-quality published medical studies to determine whether this treatment is effective.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertebral axial decompression</td>
<td>Vertebral axial decompression is considered investigational.</td>
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Coding

<table>
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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS</td>
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<tr>
<td>S9090</td>
<td>Vertebral axial decompression, per session</td>
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Related Information

N/A

Evidence Review

Description

Vertebral axial decompression applies traction to the vertebral column to reduce intradiscal pressure and, in doing so, potentially relieves low back pain associated with herniated lumbar discs or degenerative lumbar disc disease.

Background

Vertebral axial decompression (also referred to as mechanized spinal distraction therapy) is used as traction therapy to treat chronic low back pain. Specific devices that are available are described in the Regulatory Status section. In general, the patient wears a pelvic harness during treatment and lies prone on a specially equipped table. The table is slowly extended, and a distraction force is applied via the pelvic harness until the desired tension is reached, followed by a gradual decrease of the tension. The cyclic nature of the treatment allows the patient to withstand stronger distraction forces compared with static lumbar traction techniques. An
individual session typically includes 15 cycles of tension, and 10 to 15 daily treatments may be administered.

Summary of Evidence

For individuals with chronic lumbar pain who receive vertebral axial decompression, the evidence includes randomized controlled trials (RCTs). Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Evidence for the efficacy of vertebral axial decompression on health outcomes is limited. Because a placebo effect may be expected with any treatment that has pain relief as the principal outcome, RCTs with sham controls and validated outcome measures are required. The only sham-controlled randomized trial published to date did not show a benefit of vertebral axial decompression compared with the control group. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in March 2018 did not identify any ongoing or unpublished trials that would likely influence this policy.

Practice Guidelines and Position Statements

No guidelines or statements were identified.

Medicare National Coverage

Medicare issued a national noncoverage policy (160.16) for vertebral axial decompression in 1997.6

Regulatory Status

Several devices used for vertebral axial decompression have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. Devices include the VAX-D®,
Decompression Reduction Stabilization (DRS®) System, Accu-SPINA® System, DRX-3000®, DRX9000®, SpineMED Decompression Table®, Antalgic-Trak®, Lordex® Traction Unit, and Triton® DTS. According to labeled indications from the FDA, vertebral axial decompression may be used as a treatment modality for patients with incapacitating low back pain and for decompression of the intervertebral discs and facet joints.

Food and Drug Administration product code: ITH

References


<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
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<td>Replace policy - Policy reviewed with literature search; no change in policy statement. VAX-D added to title.</td>
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<td>10/09/07</td>
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<td>10/14/08</td>
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<td>11/10/11</td>
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<tr>
<td>12/19/12</td>
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<td>01/21/14</td>
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<td>Annual Review. Policy updated with literature review through September 15, 2014; policy statement unchanged. ICD-10 diagnosis and procedure codes removed; these do not relate to policy adjudication.</td>
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<td>Annual Review. No change to policy statement. No references added.</td>
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<td>06/01/16</td>
<td>Annual Review, approved May 10, 2016. Policy reviewed. A literature search through April 28, 2016 did not prompt a revision of the references. No change to the policy statement.</td>
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**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.
**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
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